

## **VIII.**

### **Text Format – Multiple Primary and Histology Coding Rules**



**Other Sites Multiple Primary Rules – Text**  
**Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

265

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

*Note:* Tumor(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary. \*

*Note:* Use this rule only after all information sources have been exhausted.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for Unknown if Single or Multiple Tumors.**

**SINGLE TUMOR**

*Note 1:* Tumor not described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for Single Tumor.**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note 1:* Tumors not described as metastases

*Note 2:* Includes combinations of in situ and invasive

**Rule M3** **Adenocarcinoma** of the **prostate** is always a single primary. \*

*Note 1:* Report only one adenocarcinoma of the prostate per patient per lifetime.

*Note 2:* 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140). See Equivalent Terms and Definitions for more information.

**Other Sites Multiple Primary Rules – Text**  
**Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,  
 Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

- Rule M4** Retinoblastoma is always a single primary (**unilateral or bilateral**). \*
- Rule M5** Kaposi sarcoma (any site or sites) is always a single primary. \*
- Rule M6** Follicular and papillary tumors in the **thyroid** within 60 days of diagnosis are a single primary. \*
- Rule M7** Bilateral epithelial tumors (8000-8799) of the **ovary** within 60 days are a single primary. \*
- Rule M8** Tumors on **both sides** (right and left) of a site listed in Table 1 are multiple primaries. \*\*  
 (Table 1 – Paired Organs and Sites with Laterality)
- Rule M9** Adenocarcinoma in adenomatous polyposis coli (**familial polyposis**) with one or more in situ or malignant polyps is a single primary.  
 \*  
*Note:* Tumors may be present in a single or multiple segments of the **colon, rectosigmoid, rectum**.
- Rule M10** Tumors diagnosed **more than one (1) year** apart are multiple primaries. \*\*
- Rule M11** Tumors with ICD-O-3 **topography** codes that are **different** at the second (Cxxx) and/or third characters (Cxxx) are multiple primaries. \*\*  
**Example 1:** A tumor in the penis C609 and a tumor in the rectum C209 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries.  
**Example 2:** A tumor in the cervix C539 and a tumor in the vulva C519 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries.
- Rule M12** Tumors with ICD-O-3 **topography** codes that **differ** only at the **fourth character** (Cxxx) and are **in** any one of the following primary sites are multiple primaries. \*\*
- **Anus and anal canal** (C21\_)
  - **Bones, joints, and articular cartilage** (C40\_ - C41\_)
  - **Peripheral nerves and autonomic nervous system** (C47\_)
  - **Connective subcutaneous and other soft tissues** (C49\_)
  - **Skin** (C44\_)
- Rule M13** A **frank** in situ or malignant **adenocarcinoma and** an in situ or **malignant** tumor in a **polyp** are a single primary. \*

**Other Sites Multiple Primary Rules – Text**  
**Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

**Rule M14** Multiple in situ and/or **malignant polyps** are a single primary. \*

*Note:* Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.

**Rule M15** An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. \*\*

*Note 1:* The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

*Note 2:* Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

**Rule M16** Abstract as a single primary\* when one tumor is:

- **Cancer/malignant neoplasm, NOS (8000) and** another is a **specific histology** or
- **Carcinoma, NOS (8010) and** another is a **specific carcinoma** or
- **Squamous cell carcinoma, NOS (8070) and** another is **specific squamous cell carcinoma** or
- **Adenocarcinoma, NOS (8140) and** another is a **specific adenocarcinoma** or
- **Melanoma, NOS (8720) and** another is a **specific melanoma**
- **Sarcoma, NOS (8800) and** another is a **specific sarcoma**

**Rule M17** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxx) number are multiple primaries. \*\*

**Other Sites Multiple Primary Rules – Text**  
**Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

**Rule M18** Tumors that **do not meet any** of the above **criteria** are a single primary. \*

*Note:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

**This is the end of instructions for Multiple Tumors.**

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**Other Sites Histology Coding Rules – Text**  
**Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

269

**SINGLE TUMOR: IN SITU ONLY**

(Single Tumor; all parts are in situ)

**Rule H1** Code the histology documented by the physician when the **pathology/cytology** report is **not available**.

*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer in the medical record

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H2** Code the histology when only **one histologic type** is identified.

*Note:* Do not code terms that do not appear in the histology description.

*Example:* Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.

**Rule H3** Code the more **specific histologic term** when the diagnosis is:

- Carcinoma in situ, NOS (8010) and a specific in situ carcinoma or
- Squamous cell carcinoma in situ, NOS (8070) and a specific in situ squamous cell carcinoma or
- Adenocarcinoma in situ, NOS (8140) and a specific in situ adenocarcinoma or
- Melanoma in situ, NOS (8720) and a specific in situ melanoma or

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, with \_\_\_\_ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

**Rule H4** Code the appropriate combination/mixed code (Table 2) when there are **multiple specific histologies** or when there is an **NOS with multiple specific histologies**

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, with \_\_\_\_ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

**Other Sites Histology Coding Rules – Text**  
**Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

**Rule H5** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for a Single Tumor: In Situ Carcinoma Only.**  
**Code the histology according to the rule that fits the case.**

**SINGLE TUMOR: INVASIVE AND IN SITU**

(Single Tumor; in situ and invasive components)

**Rule H6** Code the single invasive histology. **Ignore the in situ** terms.

**Note:** This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.

**This is the end of instructions for a Single Tumor: Invasive and In Situ Carcinoma.**  
**Code the histology according to the rule that fits the case.**

**SINGLE TUMOR: INVASIVE ONLY**

(Single Tumor; all parts are invasive)

**Rule H7** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

**Note 1:** Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans

**Note 2:** Code the specific histology when documented.

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.



**Other Sites Histology Coding Rules – Text**  
**Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

271

**Rule H8** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site.**

*Note:* Code the behavior /3.

**Rule H9** Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.

**Rule H10** Code the histology when only **one histologic type** is identified.

*Note:* Do not code terms that do not appear in the histology description.

*Example:* Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

**Rule H11** **Code the most specific histologic term.** Examples include:

- Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or
- Carcinoma, NOS (8010) **and** a more specific carcinoma or
- Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or
- Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or
- Melanoma, NOS (8720) **and** a more specific melanoma or
- Sarcoma, NOS (8800) **and** a more specific sarcoma

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, with \_\_\_\_ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

*Example 1:* Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma 8480.

*Example 2:* Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma 8052.

**Rule H12** Code follicular and papillary carcinoma of the thyroid to papillary carcinoma, follicular variant (8340).

**Rule H13** Code the appropriate combination/mixed code (Table 2) when there are **multiple specific histologies** or when there is a non-specific histology **with multiple specific histologies**

*Note:* The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation.

*Example 1 (multiple specific histologies):* Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes)

*Example 2 (multiple specific histologies):* Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)

*Example 3 (non-specific with multiple specific histologies):* Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)

**Other Sites Histology Coding Rules – Text**  
**Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

**Rule H14** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for a Single Tumor: Invasive Carcinoma Only.**  
**Code the histology according to the rule that fits the case.**

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

**Rule H15** Code the histology documented by the physician when there is **no tumor specimen** or the **pathology** report is **not available**.

*Note 1:* Priority for using documents to code the histology

- From reports or notes in the medical record that document or reference pathologic or cytologic findings
- From clinician reference to type of cancer (histology) in the medical record
- CT, PET or MRI scans

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H16** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.

**Rule H17** Code 8140 (adenocarcinoma, NOS) for prostate primaries when the diagnosis is acinar (adeno)carcinoma.

**Rule H18** Code 8077/2 (Squamous intraepithelial neoplasia, grade III) when the diagnosis is **intraepithelial neoplasia grade III** (in situ carcinoma) of the **vulva** (VIN III) **vagina** (VAIN III), or **anus** (AIN III).

*Note:* VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).

**Rule H19** Code 8148/2 (Glandular intraepithelial neoplasia grade III) when the diagnosis is **intraepithelial neoplasia grade III** (in situ adenocarcinoma) of the **prostate** (PIN III) or **pancreas** (PAIN III).

**Rule H20** Code the histology of the underlying tumor when there is **extramammary Paget disease** and an underlying tumor of the **anus**, **perianal** region, or **vulva**.

**Other Sites Histology Coding Rules – Text**  
**Excludes Head and Neck, Colon, Lung, Melanoma of Skin, Breast,**  
**Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia**

273

**Rule H21** Code the histology when only **one histologic type** is identified

*Note:* Do not code terms that do not appear in the histology description.

*Example:* Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

**Rule H22** Code **follicular** and **papillary** carcinoma of the **thyroid** to papillary carcinoma, follicular variant (8340).

**Rule H23** Code the invasive histology for **combinations of invasive and in situ**. Ignore the in situ terms.

*Note:* This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.

**Rule H24** Code the appropriate combination/mixed code (Table 2) when there are **multiple specific histologies** or when there is a non-specific histology **with multiple specific histologies**

*Note:* The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation.

*Example 1 (multiple specific histologies):* Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma)

*Example 2 (multiple specific histologies):* Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma)

*Example 3 (non-specific with multiple specific histologies):* Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)

**Rule H25** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.**

**Code the histology according to the rule that fits the case.**

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### UNKNOWN IF SINGLE OR MULTIPLE TUMORS

*Note:* Tumor(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single** tumor or **multiple** tumors, opt for a single tumor and abstract as a single primary.\*

*Note:* Use this rule only after all information sources have been exhausted.

*Example 1:* History and physical exam states large tumor in nasopharynx. Biopsy base of tongue shows squamous cell carcinoma. No further information available. Abstract as a single primary.

*Example 2:* Pathology report states extensive squamous cell carcinoma involving nasopharynx and larynx. Fragments of epiglottis positive for squamous cell carcinoma. No other information available. Abstract as a single primary.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

This is the end of instructions for Unknown if Single or Multiple Tumors.

### SINGLE TUMOR

*Note 1:* Tumor not described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

This is the end of instructions for Single Tumor.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

### MULTIPLE TUMORS

Multiple tumors may be a single primary or multiple primaries.

*Note 1:* Tumors not described as metastases

*Note 2:* Includes combinations of in situ and invasive

**Rule M3** Tumors on the **right** side and the **left** side of a **paired site** are multiple primaries. \*\*

*Note:* See Table 1 for list of paired sites.

**Rule M4** Tumors on the **upper lip** (C000 or C003) and the **lower lip** (C001 or C004) are multiple primaries. \*\*

**Head and Neck Multiple Primary Rules - Text**  
**C000-C148, C300-C329**  
**(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)**

- Rule M5** Tumors on the **upper gum** (C030) and the **lower gum** (C031) are multiple primaries. \*\*
- Rule M6** Tumors in the **nasal cavity** (C300) and the **middle ear** (C301) are multiple primaries. \*\*
- Rule M7** Tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (Cxxx) and/or third (Cxxx) character are multiple primaries. \*\*
- Rule M8** An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. \*\*  
**Note 1:** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.  
**Note 2:** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
- Rule M9** Tumors diagnosed **more than five (5) years** apart are multiple primaries. \*\*
- Rule M10** Abstract as a single primary\* when one tumor is:  
 • **Cancer/malignant neoplasm, NOS** (8000) and another is a **specific histology** or  
 • **Carcinoma, NOS** (8010) and another is a **specific carcinoma** or  
 • **Adenocarcinoma, NOS** (8140) and another is a **specific adenocarcinoma** or  
 • **Squamous cell carcinoma, NOS** (8070) and another is **specific squamous cell carcinoma** or  
 • **Melanoma, NOS** (8720) and another is a **specific melanoma**  
 • **Sarcoma, NOS** (8800) and another is a **specific sarcoma**
- Rule M11** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries. \*\*
- Rule M12** Tumors that **do not meet any** of the above **criteria** are abstracted as a single primary. \*  
**Note 1:** When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.  
**Note 2:** All cases covered by Rule M12 have the same first 3 numbers in ICD-O-3 histology code.

**This is the end of instructions for Multiple Tumors.**

**\* If a single primary, prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**\*\* If multiple primaries, prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.**

**Rule M12 Examples:** The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. **Warning: Using only these case examples to determine the number of primaries can result in major errors.**

<b>Example 1:</b> Multifocal tumors in floor of mouth	<b>Example 2:</b> An in situ and invasive tumor diagnosed within 60 days	<b>Example 3:</b> In situ following an invasive tumor more than 60 days apart
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## SINGLE TUMOR

**Rule H1** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

**Note 1:** Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans

**Note 2:** Code the specific histology when documented.

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H2** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

**Note:** Code the behavior /3.

**Rule H3** Code the histology when only **one histologic type** is identified.

**Example:** Squamous cell carcinoma. Code 8070.

**Note:** Do not code terms that do not appear in the histology description.

**Example:** Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words “non-keratinizing” actually appear in the diagnosis.

**Rule H4** Code the **invasive** histologic type when a single tumor has invasive and in situ components.

**Example:** The final diagnosis is keratinizing squamous cell carcinoma (8073) with areas of squamous cell carcinoma in situ (8070). Code the invasive histologic type, keratinizing squamous cell carcinoma (8073).

**Head and Neck Histology Coding Rules - Text**  
**C000-C148, C300-C329**

**(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)**

**Rule H5** Code the most **specific** histologic term using Chart 1 when there are multiple histologies within the same branch. Examples of histologies within the same branch are:

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Squamous cell carcinoma, NOS (8070) and a more specific squamous carcinoma or
- Adenocarcinoma, NOS(8140) and a more specific adenocarcinoma or
- Melanoma, NOS (8720) and a more specific melanoma or
- Sarcoma, NOS (8800) and a more specific sarcoma

**Note 1:** The specific histology for **in situ** lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation

**Note 2:** The specific histology for **invasive** lesions may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation

**Example:** The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).

**Rule H6** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Single Tumor.**

**Code the histology according to the rule that fits the case.**

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

**Rule H7** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

**Note 1:** Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans

**Note 2:** Code the specific histology when documented.

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm, NOS), or 8010 (carcinoma, NOS) as stated by the physician when no specific histology is documented.

**Rule H8** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

**Note:** Code the behavior /3.



**Rule H9** Code the histology when only **one histologic type** is identified.

*Example:* Squamous cell carcinoma. Code 8070.

*Note:* Do not code terms that do not appear in the histology description.

*Example:* Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words “non-keratinizing” actually appear in the diagnosis

**Rule H10** Code the histology of the **most invasive** tumor.

*Note 1:* See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.

- One tumor is in situ and one is invasive, code the histology from the invasive tumor.
- Both/all histologies are invasive, code the histology of the more invasive tumor.

*Note 2:* If tumors are equally invasive, go to the next rule

**Rule H11** Code the most **specific** histologic term using Chart 1 when there are multiple histologies within the same branch. Examples of histologies within the same branch are:

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Squamous cell carcinoma, NOS (8070) and a more specific squamous carcinoma or
- Adenocarcinoma, NOS(8140) and a more specific adenocarcinoma or
- Melanoma, NOS (8720) and a more specific melanoma or
- Sarcoma, NOS (8800) and a more specific sarcoma

*Note 1:* The specific histology for **in situ** lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation

*Note 2:* The specific histology for **invasive** lesions may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation

*Example:* The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).

**Rule H12** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.**

**Code the histology according to the rule that fits the case**

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Colon Multiple Primary Rules – Text  
C180 - C189

281

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

*Note:* Tumor(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.\*

*Note:* Use this rule only after all information sources have been exhausted.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for Unknown if Single or Multiple Tumors.**

**SINGLE TUMOR**

*Note 1:* Tumor not described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for Single Tumor.**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note 1:* Tumors not described as metastases

*Note 2:* Includes combinations of in situ and invasive

**Rule M3** Adenocarcinoma in adenomatous polyposis coli (**familial polyposis**) with one or more malignant polyps is a single primary.\*

*Note:* Tumors may be present in multiple segments of the colon or in a single segment of the colon.

**Rule M4** Tumors in sites with **ICD-O-3 topography** codes that are different at the second (Cxxx), third, (Cxxx) or fourth (C18x) character are multiple primaries. \*\*

**Rule M5** Tumors diagnosed **more than one (1) year** apart are multiple primaries. \*\*

**Colon Multiple Primary Rules – Text**  
**C180 - C189**

**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

- Rule M6** An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis are multiple primaries. \*\*  
*Note 1:* The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.  
*Note 2:* Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
- Rule M7** A **frank** malignant or in situ **adenocarcinoma** and an in situ or **malignant** tumor in a **polyp** are a single primary.\*
- Rule M8** Abstract as a single primary\* when one tumor is:
- **Cancer/malignant neoplasm, NOS (8000)** and another is a **specific histology** or
  - **Carcinoma, NOS (8010)** and another is a **specific carcinoma** or
  - **Adenocarcinoma, NOS (8140)** and another is a **specific adenocarcinoma** or
  - **Sarcoma, NOS (8800)** and another is a **specific sarcoma**
- Rule M9** **Multiple** in situ and/or malignant **polyps** are a single primary.\*  
*Note:* Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.
- Rule M10** Tumors with **ICD-O-3 histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries. \*\*
- Rule M11** Tumors that **do not meet any** of the above **criteria** are a single primary.\*  
*Note 1:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.  
*Note 2:* All cases covered by Rule M11 are in the same segment of the colon.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

This is the end of instructions for Multiple Tumors.

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(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**SINGLE TUMOR**

- Rule H1** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.  
*Note 1:* Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
  - Physician's reference to type of cancer (histology) in the medical record
  - CT, PET or MRI scans
- Note 2:* Code the specific histology when documented.  
*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
- Rule H2** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.  
*Note:* Code the behavior /3.
- Rule H3** Code **8140** (adenocarcinoma, NOS) when pathology describes only **intestinal type adenocarcinoma** or adenocarcinoma, intestinal type.  
*Note 1:* Intestinal type adenocarcinoma usually occurs in the stomach.  
*Note 2:* When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.
- Rule H4** Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**) when the final diagnosis is:
- Adenocarcinoma in a polyp
  - Adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report.
  - Adenocarcinoma and there is reference to a residual or pre-existing polyp or
  - Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or
  - There is documentation that the patient had a polypectomy
- Note:* It is important to know that the adenocarcinoma originated in a polyp.
- Rule H5** Code **8480** (mucinous/colloid adenocarcinoma) or **8490** (signet ring cell carcinoma) when the final diagnosis is:
- **Mucinous/colloid** (8480) or **signet ring cell** carcinoma (8490) or
  - Adenocarcinoma, NOS and the microscopic description documents that **50% or more** of the tumor is **mucinous/colloid** or
  - Adenocarcinoma, NOS and the microscopic description documents that **50% or more** of the tumor is **signet ring cell** carcinoma

**Colon Histology Coding Rules – Text  
C180-C189**

**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

- Rule H6** Code **8140** (adenocarcinoma, NOS) when the final diagnosis is **adenocarcinoma** and:
- The microscopic diagnosis states that **less than 50%** of the tumor is **mucinous/colloid** or
  - The microscopic diagnosis states that **less than 50%** of the tumor is **signet ring cell** carcinoma or
  - The **percentage** of mucinous/colloid or signet ring cell carcinoma is **unknown**
- Rule H7** Code **8255** (adenocarcinoma with mixed subtypes) when there is a **combination** of **mucinous/colloid and signet ring cell** carcinoma.
- Rule H8** Code **8240** (carcinoid tumor, NOS) when the diagnosis is **neuroendocrine** carcinoma (8246) **and** **carcinoid tumor** (8240).
- Rule H9** Code **8244** (composite carcinoid) when the diagnosis is **adenocarcinoma and carcinoid tumor**.
- Rule H10** Code **8245** (adenocarcinoid) when the diagnosis is exactly “**adenocarcinoid**.”
- Rule H11** Code the histology when only **one histologic type** is identified.
- Rule H12** Code the invasive histology when both **invasive and in situ** histologies are present.
- Rule H13** **Code the most specific histologic term when** the diagnosis is:
- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
  - Carcinoma, NOS (8010) and a more specific carcinoma or
  - Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
  - Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)
- Note 1:** The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with \_\_\_\_differentiation
- Note 2:** The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_differentiation.
- Rule H14** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Single Tumor.**

**Code the histology according to the rule that fits the case.**

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

**Note:** These rules only apply to multiple tumors that are reported as a **single primary**.

**Rule H15** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

**Note 1:** Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- From CT, PET or MRI scans

**Note 2:** Code the specific histology when documented.

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H16** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

**Note:** Code the behavior /3.

**Rule H17** Code **8220** (adenocarcinoma in adenomatous polyposis coli) when:

- **Clinical** history says **familial polyposis** and final diagnosis on the **pathology report** from resection is **adenocarcinoma in adenomatous polyps** or
- There are **>100 polyps** identified in the resected specimen or
- The number of polyps is not given but the diagnosis is **familial polyposis**

**Rule H18** Code **8263** (adenocarcinoma in a tubulovillous adenoma) when multiple in situ or malignant polyps are present, at least one of which is tubulovillous

**Rule H19** Code **8221** (adenocarcinoma in multiple adenomatous polyps) when:

- There are **<=100 polyps** identified in the resected specimen or
- There are multiple polyps and the number is not given and **familial polyposis** is **not mentioned**

**Colon Histology Coding Rules – Text  
C180-C189**

**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**Rule H20** Code **8210** (adenocarcinoma in **adenomatous polyp**), **8261** (adenocarcinoma in **villous adenoma**), or **8263** (adenocarcinoma in **tubulovillous adenoma**) when the final diagnosis is:

- Adenocarcinoma and the microscopic description or surgical gross describes polyps or
- Adenocarcinoma and there is reference to residual or pre-existing polyps or
- Mucinous/colloid or signet ring cell adenocarcinoma in polyps or
- There is documentation that the patient had a polypectomy

*Note:* It is important to know that the adenocarcinoma originated in a polyp.

**Rule H21** Code the histology when only **one histologic type** is identified.

**Rule H22** Code the histology of the **most invasive** tumor when:

- There is a frank adenocarcinoma and a carcinoma in a polyp or
- There are in situ and invasive tumors or
- There are multiple invasive tumors

*Note 1:* See the Colon Equivalent Terms, Definitions and Illustrations for the definition of most invasive.

- One tumor is in situ and one is invasive, code the histology from the invasive tumor.
- Both/all histologies are invasive, code the histology of the most invasive tumor.

*Note 2:* If tumors are equally invasive, go to the next rule

**Rule H23** Code the more **specific** histologic **term** when the diagnosis is:

- Cancer/malignant neoplasm, NOS (8000) and a specific histology or
- Carcinoma, NOS (8010) and a specific carcinoma or
- Adenocarcinoma, NOS (8140) and a specific adenocarcinoma or
- Sarcoma, NOS (8800) and a specific sarcoma (invasive only)

*Note 1:* The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with \_\_\_\_differentiation

*Note 2:* The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_differentiation.

**Rule H24** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.  
Code the histology according to the rule that fits the case.**

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**Lung Multiple Primary Rules – Text  
C340-C349**

287

**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

*Note:* Tumor(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.\*

*Note 1:* Use this rule only after all information sources have been exhausted.

*Note 2:* Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions)

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for Unknown if Single or Multiple Tumors.**

**SINGLE TUMOR**

*Note:* Tumor not described as metastasis

**Rule M2** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for Single Tumor.**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note:* Tumors not described as metastases

**Rule M3** Tumors in sites with ICD-O-3 **topography** codes that are **different** at the second (Cxxx) and/or third character (Cxxx) are multiple primaries. \*\*

*Note:* This is a change in rules; tumors in the trachea (C33) and in the lung (C34) were a single lung primary in the previous rules.

**Rule M4** At least one tumor that is **non-small cell** carcinoma (8046) **and** another tumor that is **small cell** carcinoma (8041-8045) are multiple primaries. \*\*

**Rule M5** A tumor that is **adenocarcinoma** with **mixed subtypes** (8255) **and** another that is **bronchioloalveolar** (8250-8254) are multiple primaries. \*\*

## Lung Multiple Primary Rules – Text C340-C349

**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**Rule M6** A **single** tumor in **each lung** is multiple primaries. \*\*

*Note:* When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.

**Rule M7** **Multiple** tumors in **both lungs** with ICD-O-3 histology codes that are different at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries. \*\*

**Rule M8** Tumors diagnosed **more than three (3) years** apart are multiple primaries. \*\*

**Rule M9** An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. \*\*

*Note 1:* The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

*Note 2:* Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

**Rule M10** Tumors with **non-small cell** carcinoma, **NOS** (8046) **and** a more **specific** non-small cell carcinoma **type** (Chart 1) are a single primary.\*

**Rule M11** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries. \*\*

*Note:* Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.

**Rule M12** Tumors that **do not meet any** of the above **criteria** are a single primary.\*

*Note 1:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

*Note 2:* All cases covered by this rule are the same histology.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

**This is the end of instructions for Multiple Tumors.**

**Rule M12 Examples:** The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. **Warning:** *Using only these case examples to determine the number of primaries can result in major errors.*

<b>Example 1:</b> Solitary tumor in one lung, multiple tumors in contralateral lung	<b>Example 2:</b> Diffuse bilateral nodules (This is the only condition when laterality = 4)	<b>Example 3:</b> An in situ and invasive tumor diagnosed within 60 days
<b>Example 4:</b> Multiple tumors in left lung metastatic from right lung	<b>Example 5:</b> Multiple tumors in one lung	<b>Example 6:</b> Multiple tumors in both lungs

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**SINGLE TUMOR**

**Rule H1** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans
- Chest x-rays

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H2** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.

**Rule H3** Code the histology when only **one histologic type** is identified.

*Note:* Do not code terms that do not appear in the histology description.

*Example 1:* Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

*Example 2:* Do not code bronchioalveolar non-mucinous unless the words “non-mucinous” actually appear in the diagnosis.

**Rule H4** Code the invasive histologic type when a single tumor has **invasive and in situ** components

**Rule H5** Code the **most specific** term using Chart 1 **when** there are multiple histologies within the same branch. Examples of histologies within the same branch are:

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_differentiation

*Example 1:* Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma).

*Example 2:* Non-small cell carcinoma, papillary squamous cell. Code 8052 (papillary squamous cell carcinoma).

**Lung Histology Coding Rules – Text  
C340-C349**

**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**Rule H6** Code the appropriate combination/mixed code (Table 1) when there are **multiple specific histologies** or when there is a non-specific **with multiple specific histologies**

*Note:* The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation.

*Example 1 (multiple specific histologies):* Solid and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes).

*Example 2 (multiple specific histologies):* Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma).

*Example 3 (non-specific with multiple specific histologies):* Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).

**Rule H7** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Single Tumor.**

**Code the histology according to the rule that fits the case.**

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

**Rule H8** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT, PET, or MRI scans
- Chest x-rays

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm), or 8010 (carcinoma) as stated by the physician when nothing more specific is documented.

**Rule H9** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.

**Rule H10** Code the histology when only **one histologic type** is identified.

*Note:* Do not code terms that do not appear in the histology description.

*Example 1:* Do not code squamous cell carcinoma non-keratinizing unless the words “non-keratinizing” actually appear in the diagnosis.

*Example 2:* Do not code bronchioalveolar non-mucinous unless the words “non-mucinous” actually appear in the diagnosis.

**Lung Histology Coding Rules – Text**  
**C340-C349**

291

**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**Rule H11** Code the histology of the **most invasive** tumor.

*Note 1:* This rule should only be used when the first three numbers of the histology codes are identical (This is a single primary.)

*Note 2:* See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive.

- One tumor is in situ and one is invasive, code the histology from the invasive tumor.
- Both/all histologies are invasive, code the histology of the most invasive tumor.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.**

**Code the histology according to the rule that fits the case.**

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**Cutaneous Melanoma Multiple Primary Rules – Text  
C440-C449 with Histology 8720-8780  
(Excludes melanoma of any other site)**

**UNKNOWN IF SINGLE OR MULTIPLE MELANOMAS**

*Note:* Melanoma(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single** melanoma **or multiple** melanomas, opt for a single melanoma and abstract as a single primary.\*

*Note:* Use this rule only after all information sources have been exhausted

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for Unknown if Single or Multiple Melanoma.**

**SINGLE MELANOMA**

*Note 1:* Melanoma not described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** A **single melanoma** is always a single primary. \*

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for Single Melanoma.**

**MULTIPLE MELANOMAS**

Multiple melanomas may be a single primary or multiple primaries

*Note 1:* Melanoma not described as metastases

*Note 2:* Includes combinations of in situ and invasive

**Rule M3** Melanomas in sites with ICD-O-3 **topography** codes that are **different** at the second (Cxxx), third (Cxxx) or fourth (C44x) character are multiple primaries. \*\*

**Cutaneous Melanoma Multiple Primary Rules – Text**  
**C440-C449 with Histology 8720-8780**  
**(Excludes melanoma of any other site)**

- Rule M4** Melanomas with **different laterality** are multiple primaries. \*\*  
**Note:** A **midline** melanoma is a different laterality than right or left.  
**Example 1:** Melanoma of the right side of the chest and a melanoma at midline of the chest are different laterality, multiple primaries  
**Example 2:** A melanoma of the right side of the chest and a melanoma of the left side of the chest are multiple primaries
- Rule M5** Melanomas with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third number (xxxx) are multiple primaries. \*\*
- Rule M6** An **invasive** melanoma that occurs **more than 60 days after** an **in situ** melanoma is a multiple primary. \*\*  
**Note 1:** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.  
**Note 2:** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
- Rule M7** Melanomas diagnosed **more than 60 days** apart are multiple primaries. \*\*
- Rule M8** Melanomas that **do not meet any** of the above **criteria** are abstracted as a single primary. \*  
**Note 1:** Use the data item “Multiplicity Counter” to record the number of tumors abstracted as a single primary.  
**Note 2:** When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.  
**Note 3:** All cases covered by this rule are the same site and histology.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.**

**This is the end of instructions for Multiple Melanomas.**

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**Rule M8 Examples:** The following are examples of cases that use Rule M8. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. **Warning:** *Using only these case examples to determine the number of primaries can result in major errors.*

<b>Example 1:</b> Solitary melanoma on the left back and another solitary melanoma on the left chest.	<b>Example 2:</b> Solitary melanoma on the right thigh and another solitary melanoma on the right ankle.
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**Cutaneous Melanoma Histology Coding Rules – Text**  
**C440-C449 with Histology 8720-8780**  
**(Excludes melanoma of any other site)**

295

**SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY**

- Rule H1** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.  
*Note 1:* Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
  - Physician's reference to type of melanoma in the medical record
  - PET scan
- Note 2:* Code the specific histology when documented.
- Rule H2** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.  
*Note:* Code the behavior /3.
- Rule H3** Code the histology when only **one histologic type** is identified.
- Rule H4** Code the invasive histologic type when there are **invasive and in situ** components.
- Rule H5** Code the histologic type when the diagnosis is regressing melanoma and a histologic type.  
*Example:* Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).
- Rule H6** Code 8723 (Malignant melanoma, regressing) when the diagnosis is regressing melanoma.  
*Example:* Malignant melanoma with features of regression. Code 8723.
- Rule H7** **Code the most specific histologic term** when the diagnosis is melanoma, NOS (8720) with a single specific type.  
*Note 1:* The specific type for **in situ** lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation  
*Note 2:* The specific type for **invasive** lesions may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_ differentiation.
- Rule H8** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Single Melanoma or Multiple Melanomas Abstracted as a Single Primary.**  
**Code the histology according to the rule that fits the case.**

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**Breast Multiple Primary Rules- Text**  
**C500-C509**  
**(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)**

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

*Note:* Tumor(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary. \*

*Note:* Use this rule only after all information sources have been exhausted.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.  
 This is the end of instructions for Unknown if Single or Multiple Tumors.

**SINGLE TUMOR**

*Note 1:* Tumor not described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** **Inflammatory carcinoma** in one or both breasts is a single primary. \*

**Rule M3** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.  
 This is the end of instructions for Single Tumor.

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note 1:* Tumors not described as metastases

*Note 2:* Includes combinations of in situ and invasive

**Rule M4** Tumors in sites with ICD-O-3 **topography** codes (Cxxx) with **different** second (Cxxx) and/or third characters (Cxxx) are multiple primaries. \*\*

**Breast Multiple Primary Rules- Text**  
**C500-C509**

**(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)**

**Rule M5** Tumors diagnosed **more than five (5) years** apart are multiple primaries. \*\*

**Rule M6** **Inflammatory carcinoma** in one or both breasts is a single primary. \*

**Rule M7** Tumors on both sides (**right and left breast**) are multiple primaries. \*\*

*Note:* Lobular carcinoma in both breasts (“mirror image”) is a multiple primary.

**Rule M8** An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis is a multiple primary. \*\*

*Note 1:* The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.

*Note 2:* Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.

**Rule M9** Tumors that are intraductal or **duct and Paget Disease** are a single primary. \*

*Note:* Use Table 1 and Table 2 to identify intraductal and duct carcinomas

**Rule M10** Tumors that are **lobular** (8520) **and** intraductal or **duct** are a single primary. \*

*Note:* Use Table 1 and Table 2 to identify intraductal and duct carcinomas

**Rule M11** **Multiple intraductal and/or duct carcinomas** are a single primary. \*

*Note:* Use Table 1 and Table 2 to identify intraductal and duct carcinomas

**Rule M12** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries. \*\*

**Rule M13** Tumors that **do not meet any** of the above **criteria** are abstracted as a single primary. \*

*Note 1:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

*Note 2:* All cases covered by Rule M13 have the same first 3 numbers in ICD-O-3 histology code.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

**This is the end of instructions for Multiple Tumors.**

**Rule M13 Examples:** The following are examples of cases that use Rule M13. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. **Warning: Using only these case examples to determine the number of primaries can result in major errors.**

<b>Example 1:</b> Invasive duct and intraductal carcinoma in the same breast	<b>Example 2:</b> Multi-centric lobular carcinoma, left breast
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**Breast Histology Coding Rules – Text**  
**C500-C509**  
**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**SINGLE TUMOR: IN SITU CARCINOMA ONLY**

(Single Tumor; all parts are in situ)

**Rule H1** Code the histology documented by the physician when the **pathology/cytology** report is **not available**.

*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record

*Note 2:* Code the specific histology when documented.

**Rule H2** Code the histology when only **one histologic type** is identified

**Rule H3** Code the more **specific histologic term** when the diagnosis is:

- Carcinoma in situ, NOS (8010) and a specific carcinoma in situ or
- Adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ or
- Intraductal carcinoma, NOS (8500) and a specific intraductal carcinoma (Table 1)

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, with \_\_\_\_ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.

**Rule H4** Code **8501/2** (comedocarcinoma, non-infiltrating) when there is **non-infiltrating comedocarcinoma and any other intraductal carcinoma** (Table 1).

*Example:* Pathology report reads intraductal carcinoma with comedo and solid features. Code 8501/2 (comedocarcinoma).

**Rule H5** Code **8522/2** (intraductal carcinoma and lobular carcinoma in situ) when there is a combination of **in situ lobular (8520) and intraductal carcinoma** (Table 1).

**Rule H6** Code **8523/2** (intraductal carcinoma mixed with other types of in situ carcinoma) when there is a combination of intraductal carcinoma and one or more specific intraductal types OR there are **two or more specific intraductal carcinomas**.

*Note 1:* Use Table 1 to identify the histologies.

*Note 2:* Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).

**Breast Histology Coding Rules – Text**  
**C500-C509**

**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**Rule H7** Code **8524/2** (in situ lobular mixed with other types of in situ carcinoma) when there is **in situ lobular** (8520) **and any in situ** carcinoma **other than intraductal** carcinoma (Table 1).

*Note:* Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).

**Rule H8** Code **8255/2** (adenocarcinoma in situ with mixed subtypes) when there is a **combination** of in situ/non-invasive histologies that **does not include** either **intraductal** carcinoma (Table 1) **or in situ lobular** (8520).

*Note:* Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).

**This is the end of instructions for a Single Tumor: In Situ Carcinoma Only.**

**Code the histology according to the rule that fits the case.**

**SINGLE TUMOR: INVASIVE AND IN SITU CARCINOMA**

(Single Tumor; in situ and invasive components)

**Rule H9** **Code the invasive histology** when both invasive and in situ components are present.

*Note 1:* Ignore the in situ terms.

*Note 2:* This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3).

**This is the end of instructions for a Single Tumor: Invasive and In Situ Carcinoma.**

**Code the histology according to the rule that fits the case.**

**Breast Histology Coding Rules – Text**  
**C500-C509**  
**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**SINGLE TUMOR: INVASIVE CARCINOMA ONLY**

(Single Tumor; all parts are invasive)

**Rule H10** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- Mammogram
- PET scan
- Ultrasound

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H11** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.

**Rule H12** Code the most **specific** histologic **term when** the diagnosis is:

- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or
- Duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508) or
- Sarcoma, NOS (8800) and a more specific sarcoma

*Note:* The specific histology may be identified as type, subtype, predominantly, with features of, major, with \_\_\_\_ differentiation. The terms architecture and pattern are subtypes only for in situ cancer.

**Rule H13** Code **8530** (inflammatory carcinoma) only when the final diagnosis of the **pathology** report specifically **states inflammatory carcinoma**.

*Note:* Record dermal lymphatic invasion in Collaborative Staging

**Rule H14** Code the histology when only **one histologic type** is identified.

**Breast Histology Coding Rules – Text**  
**C500-C509**

(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

**Rule H15** Code **8522** (duct and lobular) when there is a combination of **lobular** (8520) **and duct** carcinoma.

*Note:* Use Table 2 to identify duct carcinomas

**Rule H16** Code **8523** (duct mixed with other types of carcinoma) when there is a combination of **duct and** one or more specific duct types OR there are **two or more specific duct** carcinomas.

*Note:* Use Table 2 to identify duct carcinomas

*Example 1:* Code 8523 when the diagnosis is “infiltrating duct carcinoma and comedocarcinoma.”

*Example 2:* Code 8523 when the diagnosis is “infiltrating duct, pleomorphic and papillary type.”

**Rule H17** Code **8524** (lobular mixed with other types of carcinoma) when the tumor is **lobular** (8520) **and any other carcinoma**.

*Note:* Other carcinomas exclude lobular and any listed on Tables 1 and 2.

**Rule H18** Code **8255** (adenocarcinoma with mixed subtypes) for multiple **histologies** that **do not include duct or lobular** (8520).

*Note:* Use Table 2 to identify duct carcinomas

**This is the end of instructions for a Single Tumor: Invasive Carcinoma Only.**

**Code the histology according to the rule that fits the case.**

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

**Rule H19** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician’s reference to type of cancer (histology) in the medical record
- Mammogram
- PET scan
- Ultrasound

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H20** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.



**Breast Histology Coding Rules – Text**  
**C500-C509**  
**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

- Rule H21** Code **8530** (inflammatory carcinoma) only when the final diagnosis of the **pathology** report specifically **states inflammatory carcinoma**.  
*Note:* Record dermal lymphatic invasion in Collaborative Staging
- Rule H22** Code the histology when only **one histologic type** is identified.
- Rule H23** Code **8543/2** (in situ Paget disease and intraductal carcinoma) when the **pathology** report **specifically states** that the **Paget disease is in situ and the underlying tumor is intraductal** carcinoma (Table 1).  
*Note:* Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F).
- Rule H24** Code **8543/3** (Paget disease and intraductal carcinoma) for **Paget disease and intraductal** carcinoma  
*Note 1:* ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).  
*Note 2:* Includes both invasive Paget disease and Paget disease with behavior not stated.  
*Note 3:* Use Table 1 to identify intraductal carcinomas
- Rule H25** Code **8541/3** (Paget disease and infiltrating duct carcinoma) for **Paget disease and invasive duct** carcinoma.  
*Note 1:* ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3).  
*Note 2:* Includes both invasive Paget disease and Paget disease with behavior not stated.  
*Note 3:* Use Table 2 to identify duct carcinomas
- Rule H26** Code the invasive histology when **both invasive and in situ** tumors are present.  
*Note 1:* Ignore the in situ terms.  
*Note 2:* This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive lobular and in situ duct carcinoma are coded to invasive lobular (8520/3) rather than the combination code for duct and lobular carcinoma (8522/3).
- Rule H27** Code **8522** (duct and lobular) when there is any combination of **infiltrating lobular (8520) and duct** carcinoma.  
*Note:* Use Table 2 to identify duct carcinomas
- Rule H28** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.**  
**Code the histology according to the rule that fits the case.**

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**Kidney Multiple Primary Rules - Text**  
**C649**  
**(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)**

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

*Note:* Tumor(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single tumor or multiple tumors**, opt for a single tumor and abstract as a single primary.\*

*Note:* Use this rule only after all information sources have been exhausted.

**\*Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for Unknown if Single or Multiple Tumors**

**SINGLE TUMOR**

*Note 1:* Tumor not described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for single tumors.**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note 1:* Tumors not described as metastases

*Note 2:* Includes combinations of in situ and invasive

**Rule M3** **Wilms tumors** are a single primary. \*

**Rule M4** Tumors in sites with **ICD-O-3 topography** codes that are **different** at the second (C<sub>x</sub>xx) and/or third characters (C<sub>x</sub>xx) are multiple primaries \*\*

**Rule M5** Tumors in **both the right kidney and in the left kidney** are multiple primaries. \*\*

*Note:* Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney.

### Kidney Multiple Primary Rules - Text C649

(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

- Rule M6** Tumors diagnosed more than **three (3) years apart** are multiple primaries. \*\*
- Rule M7** An **invasive** tumor **following** an **in situ** tumor more than 60 days after diagnosis are multiple primaries. \*\*  
*Note 1:* The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.  
*Note 2:* Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.
- Rule M8** **One** tumor with a specific **renal cell type** and another tumor with a **different** specific renal cell **type** are multiple primaries (Table 1). \*\*
- Rule M9** Abstract as a single primary \* when one tumor is
- **Cancer/malignant neoplasm, NOS (8000) and** another is a **specific histology** or
  - **Carcinoma, NOS (8010) and** the other is a **specific carcinoma** or
  - **Adenocarcinoma, NOS (8140) and** another is a **specific adenocarcinoma** or
  - **Renal cell carcinoma, NOS (8312) and** the other is a **single renal cell type** (Table 1)
- Rule M10** Tumors with **ICD-O-3 histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxx) number are multiple primaries. \*\*
- Rule M11** Tumors that **do not meet any** of the above **criteria** are a single primary.\*  
*Note:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.

\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

This is the end of instructions for Multiple Tumors.

**Rule M11 Examples:** The following are examples of cases that use Rule M11. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. *Warning: Using only these case examples to determine the number of primaries can result in major errors.*

**Example 1:** Multiple tumors in one kidney with same histology

**Example 2:** An in situ and invasive tumor diagnosed within 60 days

**Kidney Histology Coding Rules – Text  
C649**

**(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)**

**SINGLE TUMOR**

**Rule H1** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the pathology/cytology report is not available.

**Note 1:** Priority for using documents to code the histology

- Documentation medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

**Note 2:** Code the specific histology when documented.

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm, NOS), or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H2** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

**Note:** Code the behavior /3.

**Rule H3** Code the **histology** when only one histologic type is identified.

**Rule H4** Code the **invasive** histologic type when there are invasive and in situ components.

**Rule H5** Code the **specific type** when either

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type are present or
- Renal cell carcinoma, NOS (8312) and one specific renal cell type are present.

**Note:** Use Table 1 to identify specific renal cell types.

**Rule H6** Code 8255 (adenocarcinoma with mixed subtypes) when there are **two or more specific** renal cell carcinoma types.

**Note:** Use Table 1 to identify specific renal cell types.

**Example:** Renal cell carcinoma, papillary and clear cell types. Assign code 8255.

**Rule H7** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Single Tumor.**

**Code the histology according to the rule that fits the case.**

**Kidney Histology Coding Rules – Text**  
**C649**

(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

- Rule H8** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the pathology/cytology report is not available.  
**Note 1:** Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
  - Physician's reference to type of cancer (histology) in the medical record
  - CT or MRI scans
- Note 2:** Code the specific histology when documented.  
**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm, NOS), or 8010 (carcinoma, NOS) as stated by the physician when no specific histology is documented.
- Rule H9** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.  
**Note:** Code the behavior /3.
- Rule H10** Code the histology when only **one histologic type** is identified.
- Rule H11** Code the histology of the **most invasive** tumor.  
**Note 1:** This rule should only be used when the first three digits of the histology codes are identical (This is a single primary).  
**Note 2:** See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.
- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
  - If both/all histologies are invasive, code the histology of the most invasive tumor.
- Rule H12** Code the **specific type** when either
- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
  - Carcinoma, NOS (8010) and a more specific carcinoma or
  - Adenocarcinoma, NOS (8140) and one specific adenocarcinoma type are present or
  - Renal cell carcinoma, NOS (8312) and one specific renal cell type are present
- Note:** Use Table 1 to identify specific renal cell types

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.**  
**Code the histology according to the rule that fits the case.**

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**Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules – Text**  
**C659, C669, C670-C679, C680-C689**  
**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

*Note:* Tumor(s) not described as metastasis

**Rule M1** When it is not possible to determine if there is a **single** tumor **or multiple** tumors, opt for a single tumor and abstract as a single primary.\*

*Note:* Use this rule only after all information sources have been exhausted.

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**This is the end of instructions for Unknown if Single or Multiple Tumors.**

**SINGLE TUMOR**

*Note 1:* Tumor not described as metastasis

*Note 2:* Includes combinations of in situ and invasive

**Rule M2** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**This is the end of instructions for Single Tumor.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note 1:* Tumors not described as metastases

*Note 2:* Includes combinations of in situ and invasive

**Rule M3** Tumor(s) in both the **right renal pelvis and** tumor(s) in the **left renal pelvis** are multiple primaries. \*\*

*Note:* Use this rule and abstract as a multiple primary unless documented to be metastatic

**Rule M4** Tumor(s) in both the **right ureter and** tumor(s) in the **left ureter** are multiple primaries. \*\*

*Note:* Use this rule and abstract as a multiple primary unless documented to be metastatic

**Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules – Text**  
**C659, C669, C670-C679, C680-C689**  
**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

- Rule M5** Bladder tumors with any **combination** of the following histologies: **papillary carcinoma** (8050), **transitional cell carcinoma** (8120-8124), **or papillary transitional cell carcinoma** (8130-8131), are a single primary. \*
- Rule M6** Tumors diagnosed **more than three (3) years** apart are multiple primaries. \*\*
- Rule M7** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxx) number are multiple primaries. \*\*
- Rule M8** Tumors in the following sites are a single primary\*
- Renal pelvis (C659) and ureter (C669) or
  - Ureter(C669) and bladder (C670-C679) or
  - Bladder (C670-C679)and urethra (C680) or
  - Urethra (C680) and prostatic urethra (C680)
- Rule M9** Tumors in sites with ICD-O-3 **topography** codes with **different** second (Cxxx) and/or third characters (Cxx) are multiple primaries\*
- Rule M10** An **invasive** tumor **following** a **non-invasive or in situ** tumor more than 60 days after diagnosis is a multiple primary. \*\*  
*Note 1:* The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.  
*Note 2:* Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease
- Rule M11** Tumors that **do not meet any** of the above **criteria** are a single primary.\*  
*Note:* When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.

**This is the end of instructions for Multiple Tumors.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.**

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**Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Text**  
**C659, C669, C670-C679, C680-C689**  
**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

311

**SINGLE TUMOR**

- Rule H1** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.  
**Note 1:** Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
  - Physician's reference to type of cancer (histology) in the medical record
  - CT or MRI scans
- Note 2:** Code the specific histology when documented.  
**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.
- Rule H2** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.  
**Note:** Code the behavior /3.
- Rule H3** Code **8120** (transitional cell/urothelial carcinoma) (Table 1 - Code 8120) when there is:
- Pure transitional cell carcinoma or
  - Flat (non-papillary) transitional cell carcinoma or
  - Transitional cell carcinoma with squamous differentiation or
  - Transitional cell carcinoma with glandular differentiation or
  - Transitional cell carcinoma with trophoblastic differentiation or
  - Nested transitional cell carcinoma or
  - Microcystic transitional cell carcinoma
- Rule H4** Code **8130** (papillary transitional cell carcinoma) (Table 1 - Code 8130) when there is:
- Papillary carcinoma or
  - Papillary transitional cell carcinoma or
  - Papillary carcinoma and transitional cell carcinoma
- Rule H5** Code the histology when only **one histologic type** is identified  
**Note :** Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).
- Rule H6** Code the invasive histologic type when a single tumor has **invasive and in situ** components.

**Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Text**  
**C659, C669, C670-C679, C680-C689**  
**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

**Rule H7** Code the most **specific** histologic term:

**Examples**

- Cancer/malignant neoplasm, NOS (8000) and a more specific histology or
- Carcinoma, NOS (8010) and a more specific carcinoma or
- Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)

**Note 1:** The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with \_\_\_\_differentiation

**Note 2:** The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with \_\_\_\_differentiation.

**Rule H8** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Single Tumor.**

**Code the histology according to the rule that fits the case.**

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

**Rule H9** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.

**Note 1:** Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

**Note 2:** Code the specific histology when documented.

**Note 3:** Code the histology to 8000 (cancer/malignant neoplasm) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented.

**Rule H10** Code the histology from the metastatic site when there is **no pathology/cytology specimen from the primary site**.

**Note:** Code the behavior /3.

**Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Text**  
**C659, C669, C670-C679, C680-C689**  
**(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)**

313

- Rule H11** Code **8120** (transitional cell/urothelial carcinoma) (Table 1 – Code 8120) when there is:
- Pure transitional cell carcinoma or
  - Flat (non-papillary) transitional cell carcinoma or
  - Transitional cell carcinoma with squamous differentiation or
  - Transitional cell carcinoma with glandular differentiation or
  - Transitional cell carcinoma with trophoblastic differentiation or
  - Nested transitional cell carcinoma or
  - Microcystic transitional cell carcinoma
- Rule H12** Code **8130** (papillary transitional cell carcinoma) (Table 1 – Code 8130) when there is:
- Papillary carcinoma or
  - Papillary transitional cell carcinoma or
  - Papillary carcinoma and transitional cell carcinoma
- Rule H13** Code the histology when only **one histologic type** is identified  
*Note:* Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).
- Rule H14** Code the histology of the **most invasive** tumor.  
*Note:* See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive.
- If one tumor is in situ and one is invasive, code the histology from the invasive tumor.
  - If both/all histologies are invasive, code the histology of the most invasive tumor.
- Rule H15** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.**  
**Code the histology according to the rule that fits the case.**

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Multiple Primary Rules – Text  
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753  
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

*Note:* Benign and borderline intracranial and CNS tumors have a separate set of rules.

**UNKNOWN IF SINGLE OR MULTIPLE TUMORS**

*Note:* Tumor(s) not described as metastasis

**Rule M1** An **invasive** brain tumor (/3) **and either** a **benign** brain tumor (/0) **or** an **uncertain/borderline** brain tumor (/1) are always multiple primaries. \*\*

**Rule M2** When it is not possible to determine if there is a **single** tumor **or multiple tumors**, opt for a single tumor and abstract as a single primary.\*

*Note:* Use this rule only after all information sources have been exhausted

**This is the end of instructions for Unknown if Single or Multiple Tumors.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**SINGLE TUMOR**

*Note:* Tumor not described as metastasis

**Rule M3** A **single tumor** is always a single primary. \*

*Note:* The tumor may overlap onto or extend into adjacent/contiguous site or subsite.

**This is the end of instructions for Single Tumor.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**MULTIPLE TUMORS**

Multiple tumors may be a single primary or multiple primaries.

*Note:* Tumors not described as metastases

**Rule M4** An **invasive** brain tumor (/3) **and either** a **benign** brain tumor (/0) **or** an **uncertain/borderline** brain tumor (/1) are always multiple primaries. \*\*

**Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**

**Multiple Primary Rules – Text**

**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**

**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

- Rule M5** Tumors in sites with ICD-O-3 **topography** codes with **different** second (Cxxx) and/or third characters (Cxxx) are multiple primaries.\*\*
- Rule M6** Tumors with ICD-O-3 histology codes on the **same** branch in Chart 1 or Chart 2 are a single primary.\*  
*Note:* Recurrence, progression, or any reappearance of histologies on the same branch in Chart 1 or Chart 2 is always the same disease process.  
*Example:* Patient has an astrocytoma. Ten years later the patient is diagnosed with glioblastoma multiforme. This is a progression or recurrence of the earlier astrocytoma.
- Rule M7** Tumors with ICD-O-3 histology codes on **different** branches in Chart 1 or Chart 2 are multiple primaries. \*\*
- Rule M8** Tumors with ICD-O-3 **histology** codes that are **different** at the first (xxxx), second (xxxx) or third (xxxx) number are multiple primaries. \*\*
- Rule M9** Tumors that **do not meet any** of the above **criteria** are a single primary. \*  
*Note 1:* Neither timing nor laterality is used to determine multiple primaries for malignant intracranial and CNS tumors.  
*Example:* The patient is treated for an anaplastic astrocytoma (9401) in the right parietal lobe. Three months later the patient is diagnosed with a separate anaplastic astrocytoma in the left parietal lobe. This is one primary because laterality is not used to determine multiple primary status.  
*Note 2:* Multicentric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process.

**This is the end of instructions for Multiple Tumors.**

**\* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.**

**\*\* Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.**

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**Histology Coding Rules – Text**  
**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**  
**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

*Note:* Benign and borderline intracranial and CNS tumors have a separate set of rules.

**SINGLE TUMOR**

**Rule H1** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology report is not available**.

*Note 1:* Priority for using documents to code the histology

- Documentation in the medical record that refers to pathologic or cytologic findings
- Physician's reference to type of cancer (histology) in the medical record
- CT or MRI scans

*Note 2:* Code the specific histology when documented.

*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.

**Rule H2** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.

*Note:* Code the behavior /3.

**Rule H3** Code **9382/3** (mixed glioma) when **at least two** of the following cells and/or differentiation are present:

- Astrocytic
- Oligodendroglial
- Ependymal

**Rule H4** Code the histology when only **one histologic type** is identified.

**Rule H5** Code the specific type when the diagnosis includes a **non-specific** term **and** a **specific** term or type **on the same branch** in Chart 1 or Chart 2.

**Rule H6** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Single Tumor.**

**Code the histology according to the rule that fits the case.**

**Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland**  
**Histology Coding Rules – Text**  
**C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753**  
**(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)**

**MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY**

- Rule H7** Code the histology documented by the physician when there is **no pathology/cytology specimen** or the **pathology/cytology** report is **not available**.  
*Note 1:* Priority for using documents to code the histology
- Documentation in the medical record that refers to pathologic or cytologic findings
  - Physician's reference to type of cancer (histology) in the medical record
  - CT or MRI scans
- Note 2:* Code the specific histology when documented.  
*Note 3:* Code the histology to 8000 (cancer/malignant neoplasm, NOS) or as stated by the physician when nothing more specific is documented.
- Rule H8** Code the histology from a metastatic site when there is **no pathology/cytology specimen from the primary site**.  
*Note:* Code the behavior /3.
- Rule H9** Code the histology when only **one histologic type** is identified.
- Rule H10** Code the specific type when the diagnosis includes a **non-specific** term **and** a **specific** term or type **on** the **same branch** in Chart 1 or Chart 2.
- Rule H11** Code the histology with the **numerically higher** ICD-O-3 code.

**This is the end of instructions for Multiple Tumors Abstracted as a Single Primary.**  
**Code the histology according to the rule that fits the case.**

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